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THE CASE OF REV. T. B. THAYER.

BY GILMAN KIMBALL, M.D., OF LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN The Boston Medical and Surgical Journal of March 31, I notice an allusion, for the second time, to the case of Rev. T. B. Thayer, who met with a severe accident in this city some six months since. The remarks in question contain the following statement: "The actual facts of the case, as we learn, are that, at the consultation, one of the medical gentlemen was in favor of amputation, the other two were opposed to it, and hence it was not done."

I am unable to comprehend how this view of "the actual facts of the case" could have been acquired. Having been present at every consultation in the case, I am enabled to say that no proposition to amputate was ever made by any one; and of course there could have been no occasion to oppose it. The only allusion to the subject had reference merely to an event that *might* become necessary at some future day.

But inasmuch as the case has been made a matter of such extraordinary interest to the public generally, and at last been fairly introduced to the notice of the profession, it is perhaps worth while that its real history should be more fully stated.

The accident to Mr. Thayer happened on the 20th of October last. While driving through one of the principal streets of Lowell, his horse became frightened and ran away, upsetting the carriage, and throwing himself and wife with great violence upon a sidewalk, on which lay a quantity of household furniture.

Upon being taken up and carried into a neighboring house, a messenger was immediately sent to procure surgical assistance. Dr. Dalton reached his patient in a few minutes, and found his thigh badly shattered, several teeth knocked out, and the upper jaw more or less broken. At the request of Mr. Thayer and several of his friends, I was sent for. A more critical examination by Dr. Dalton and myself showed the injury to have been more serious than at first suspected. The force producing it had

fallen upon the outer side of the limb, immediately above the condyle, making a flesh wound, through which the finger could be readily passed to an extent sufficient to determine the fracture to be of a comminuted character. A portion of the outer condyle had been broken off, but not much displaced. The shaft of the femur was broken obliquely, in a direction from before backward, beginning at a point something more than two inches above the patella. Although suspected at the time, nothing subsequent ever made it fully certain that the bone was fractured at any other point. The patella was displaced, and lay passively on the inside of the knee-joint. The limb was shortened about two inches.

In view of the probability that the restraint ordinarily required for the proper adjustment of so severe a fracture would sooner or later be found insupportable, the limb was treated with the most simple apparatus. Sanborn's splint was accordingly applied—the limb being brought down to its proper length, and secured in the usual manner with adhesive straps and bandages. The patella still lay passively on the inside of the knee.

So far as the limb itself was concerned, nothing unusual occurred till after the lapse of three days. At this time there began to appear evidences of severe local inflammation, accompanied by decided marks of great constitutional disturbance. Indeed, from the beginning, it was evident that the system was laboring under the effects of a severe shock, as shown in part by a total inability voluntarily to evacuate either the bladder or the bowels. The suffering incident to these conditions was most intense. The bladder was readily enough relieved, of course, by the catheter, but the bowels remained unrelieved, in spite of cathartics and enemas, for some eighty hours, and all the while enormously distended with flatus.

The aspect of the case had now become so alarming, that Dr. Dalton proposed further counsel, and after telegraphing to several surgeons in Boston, finally succeeded in procuring the attendance of Dr. Warren.

A consultation was held by Dr. Dalton, Dr. Warren and myself. The limb had already been relieved of the splint and bandages, and lay in a passive state on its outer side, and shortened some two and a half inches. Considerable swelling had occurred all the way from the knee to the hip, and the flesh wound had taken on a bad look. In short, erysipelas had already become established, and the swelling incident to it showed that it was decidedly of phlegmonous character. In this state of things a critical local examination was impracticable; but the whole aspect of the case, local and constitutional, as it struck Dr. Warren, led him to entertain, and to express, strong hopes of recovery. The question of the expediency of amputation was not discussed (indeed, a proposition for such an operation was never made by any one, from the beginning to the end of the case).

Immediately following the consultation, the condition of the patient in all respects changed for the worse. The erysipelatous inflammation extended rapidly, and in less than sixty hours had run up the whole length of the thigh, involving, all the way, the subcutaneous cellular tissue of the limb. Beyond the ilium to the axilla, the inflammation was simply cutaneous.

Alarming constitutional symptoms also immediately arose, as was shown by the weak and rapid pulse, and an almost overwhelming degree of prostration, with a continued distension of the bowels, and inability to evacuate the bladder.

This was the state of things ten days after the accident. The limb itself was now in a condition that demanded immediate relief, not only on account of the extensive disorganizing process going on in the subcutaneous cellular tissue, but with the view of checking, if possible, the disastrous effects of this change upon the system. An incision was therefore made down to the superficial fascia, extending the whole length of the thigh, from the original wound to the inferior spinous process of the ilium. The cellular tissue to this extent was gangrenous, allowing large quantities of it to be drawn away at once with the forceps. Very little bleeding attended the operation of incision, but in the course of some eight hours after, upon removing the dressing, it was discovered that the oozing from the cutaneous vessels had been very considerable, and consequently had induced rather an alarming degree of prostration. The bleeding, however, was easily stanched, and no permanent harm followed.

Upon clearing away the dead tissue from the under part of the limb, an opening was brought to view, large enough to admit readily the little finger. Through this it was ascertained that the lower fragment of the shaft of the bone had been thrust nearly through the soft parts, and the pointed end of it was still lying near the surface, and separated from the upper fragment to the extent of half an inch. It was discovered, also, to be denuded of its periosteum. Any attempt, however, at this juncture, to place the limb in a position to secure any better relation of the bony fragments was utterly impossible. Every movement, whether of the body or limb, was only effected with the greatest difficulty, and always with extreme suffering.

Although the chances of saving the life of the patient had now begun to improve, the condition of the limb was such as to afford very little if any hope of its finally escaping amputation.

The discharge incident to the erysipelas continued enormously abundant, and the prostration consequent upon it still very great. Under these circumstances, stimulants and nutriment, in the form of wine, porter, eggs, mutton-broth, beef-tea, &c., were taken in large quantities, and with the happiest effect. Quinine, also, was given in doses of two grains every four hours, and continued unremittingly for some six days.

Under this course of treatment, from this time onward, for the next four or five weeks, at least, the condition of the patient regularly but slowly improved. The limb itself had assumed a more hopeful appearance—the extension of inflammation had been effectually controlled by the free incision—the opening communicating with the fracture had begun gradually to close, and appearances, general and local, were such as to afford assurances that, after all, both life and limb were to be saved.

At about the end of the seventh week, means were applied to overcome the shortening of the limb, which at this time was between three and four inches. For this purpose, a weight suspended over a pulley was attached to the bottom of the foot by means of a loop, made from strips of adhesive plaster, secured to either side of the leg. This arrangement was successful in reducing the shortening to about two inches in the course of a week. A still further gain had been hoped for and expected, but the force necessary to effect it was found insupportable. It was sufficient, however, to bring the fractured bones into a better relation with each other, and thereby establish a process of bony union, which had hitherto been wholly absent.

The process of reparation from this time went on uninterruptedly and satisfactorily; but, as a new feature in the case, there supervened, in the course of the sciatic nerve, and especially at the point of injury, severe neuralgic pains, recurring in paroxysms, several times in the twenty-four hours, and sometimes lasting for several hours at a time. They seemed, however, to occasion no hindrance to the process of union, and evidently abated both in severity and frequency as this process became more complete.

On the eighty-third day from the date of the injury, the patient passed into other hands. Since then, I understand, he has continued to improve, so that by this time (excepting, of course, the shortening of the limb), I suppose he may be considered nearly or quite recovered.

STATISTICS OF OVARIOTOMY.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In the number of your deservedly popular Journal for May 5, 1859, for the perusal of which I am indebted to your courtesy, you do me the honor to offer some comments on a paper which I published in the April number of the *American Journal of the Medical Sciences* for the current year, on the deeply interesting subject of the surgical treatment of encysted tumors of the ovaria. Permit me to say, *in limine*, that I duly appreciate the spirit of candor and fair-mindedness, which dictated the strictures you have thought it proper to offer on my humble performance, and that, in endeavoring to set myself right and to maintain the

main position of my essay, assailed by you, I shall be actuated by the same spirit—for what will it advantage either you or myself to try our controversial skill, reckless of the truth, which it is, I trust, our aim to elicit?

The main position of my essay, referred to, respects the inventor of ovariotomy, or the total ablation of the ovaria, degenerated into an enormous mass of disease, undermining the constitutions of its unfortunate subjects, and conducting them, slowly but surely, to a premature grave. Who is this great benefactor of the race, is the mooted question between us. In my essay I have, boldly and confidently and proudly, indicated the late Dr. EPHRAIM McDOWELL, of Danville, Ky., as the man who alone is entitled to the imperishable honor; you, on the contrary, point to L'Aumonier, a French surgeon of the latter part of the last century, as the individual who first attempted the operation. In support of your adjudication, you quote from a prize Essay by Dr. George H. Lyman, of Boston, entitled "History and Statistics of Ovariotomy," the following *résumé* of L'Aumonier's case:

"Marie Louise Lagrange; prostitute; age, twenty-one; the disease apparently followed delivery; exhausted from colliquative diarrhœa; had obstinate diarrhœa, and purulent discharge from vagina increased by pressure on the tumor. Incision, four inches, along lower edge of obliquus externus, and a scirrhous ovarian cyst, the size of an egg, was found in connection with an abscess, which was tapped; and a pint of dark fœtid pus issued from the Fallopian tube, with which the ovarian abscess communicated. The adhesions were torn away between the tube and ovary, and the latter removed. No ligature used, though there was some hæmorrhage from a branch of the spermatic artery. The cavity of the tubular abscess was filled with lint, dipped in the yolk of an egg and in honey, with cataplasms over the whole, the external wound not being closed. The intestines were so strongly adherent to each other and to the peritoneum, as to retain their place without protrusion through the wound. She was very low until the sixteenth day, when cerebral symptoms arose, which ceased on the appearance of the menses. Suppuration from the abscess ceased the twentieth day; and she left the hospital, well, Feb. 20, the operation having been performed Jan. 5, 1782."

Before I proceed to institute an examination into the claims of L'Aumonier, allow me to premise that Dr. Lyman's researches appear to have removed some of the obstructions to a just settlement of the historical question at issue, inasmuch as MM. Dzondi and Galenzowski have been thrown out of the ring, and we have only to decide between L'Aumonier and McDowell. And in the more detailed account of L'Aumonier's case, furnished us by Dr. Lyman, we have ample data to guide us to a correct decision. Be not offended if I pray you to read again the details of L'Aumonier's operation and to ponder them soberly and impartially, and then tell me whether or no it is your deliberate judgment that *ovariotomy* was really performed by him? Obviously, as it seems to me, the French surgeon meditated nothing more than to open an abscess, palpably revealed by the issue of pus from the genitals, when pressure was made upon the tumor in the iliac region. Whether the abscess were seated in the ovary or in the areolar

tissue of the broad ligament, he did not, and, in the nature of the case, could not know: and whether, in fact, its seat were the one or the other, or neither, does not clearly appear to us from the record. But granting that it was ovarian abscess, and that L'Aumonier diagnosticated it as such, what object must be supposed to have been before his mind, when he undertook to relieve his patient by operation? Why, evidently he purposed only to give vent to the pent up matter, and to take further action according to the circumstances that might be disclosed. Hence the freer incision than was needful merely to evacuate the matter of the abscess, which brought to view what he took to be *a scirrhous ovarian cyst, the size of an egg*. What proof have we that this cyst, the size of an egg (whether a goose's, a hen's or a bird's egg we are not informed) was really ovarian? But supposing such to have been its nature, it must be evident that tearing it away was incidental to the operation and not the operation itself, which was, as already stated, *tapping a puerperal imposthume*—nothing more, nothing less.

In reference to L'Aumonier, I used the following language in my essay, and should the ghost of the worthy Frenchman confront me, I would not modify it or mollify it in the slightest degree, because I believe in my conscience that it does him no injustice:—"To L'Aumonier, of Rouen, is generally awarded the credit of first extirpating a diseased ovary, and his name is generally placed at the head of the list of operators in tables of ovariotomy. But the French surgeon only opened an abscess of the ovary consequent to parturition, and is no more entitled to the credit of originating ovariotomy than he would have been had he lanced an abscess of the mammary gland."

What is the legitimate definition and true conception of ovariotomy? It is a large abdominal section, made for the sole purpose of extirpating a tumor formed by a morbid growth of the ovary, become so enormous as to encroach upon the abdominal viscera, and by its encroachment interfering with their functions and threatening the ultimate extinction of life, *though there be no immediate danger of death*. Such was the conception and such the hardy purpose of Dr. McDowell, when in December, 1809, Mrs. Crawford rode to Danville, Ky., on horseback, from a neighboring county, to seek his counsel and assistance. In no immediate danger of dissolution, she nevertheless bore in her abdomen a tumor so large as to induce the suspicion of her medical attendant that she was in the last stage of pregnancy. To free her from so great a burden, and to rescue her from her impending fate, the bold Kentuckian deliberately planned, and successfully executed, the operation of extirpating it, and you will search the annals of surgery in vain for any parallel case prior to the date of this, his first operation. But I will not trespass further on your valuable pages by a greater amplification of the argument on this point.

After all, if it be not intuitively perceived that L'Aumonier's was no case of ovariotomy, in the technical sense of the term, argumentation is perhaps vain.

There is one other point in your criticism that does not prick me, and I am not, therefore, over anxious to blunt it. It is the grave error I have committed, as you say, touching the mortality attendant upon the operation of ovariotomy, by relying on the statistics of Dr. Washington L. Atlee, in my ignorance or slight of the labors of your townsman, Dr. George H. Lyman, who has detected capital errors in Dr. Atlee's calculations, and made it appear that the mortality reaches as high as 40·13 per cent., instead of 26½ per cent., as Dr. Atlee estimates it. Now, I submit that this difference in the per centage of mortality does not invalidate the argument of my essay, for if the inevitable tendency of the disease is to fatal termination, unless it be arrested by the knife, the increased mortality exhibited by Dr. Lyman ought not to deter surgeons from undertaking the operation. In this connection allow me to tender my thanks to Dr. Lyman for a copy of his prize essay, which was received by the same mail that brought me the number of the Boston Medical and Surgical Journal, containing your strictures on my essay, to which I have attempted to reply; with what success, I leave you and your readers to decide, promising to trouble you no further on the subject. I will only add, in conclusion, that I was not aware, at the time I penned my essay, that Dr. Lyman had published anything on ovariotomy, and I could not, therefore, intentionally overlook the judicious, calm and philosophical contribution which he has made to the literature of our subject.

With much respect I am
your obedient servant,

Louisville, May 11, 1859. HENRY MILLER.

SUPPURATIVE IRITIS, AND CONTINENTAL OPHTHALMIC PRACTICE, WITH ITS RESULTS.

BY RICHARD DANIELL, M.B., L.R.C.S.I., RESIDENT ASSISTANT IN ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN.

IN the number of the *Dublin Hospital Gazette* for October 15, 1858, three cases have been published by Dr. Hildige, of "Suppurative Iritis," observed by him at the cliniques of Arlt and Jäger, at Vienna. As this disease is, I believe, quite unknown in this country, and as I cannot find any mention of it in our works on ophthalmic surgery, I think a few observations on those cases may not be out of place. I do not deny the existence of this form of internal ophthalmia in other countries; possibly climate, food, and constitution, may all modify and influence disease, and hence the difference between the typhus abdominalis of the Continent and our own true Hibernian maculated fever.

The complication of onyx, or pus in the anterior chamber, in cases of iritis, is rare, and is either produced by ulceration of the membrane of the aqueous humor, as shown by Tyrrell; is caused by a "pustular tubercle" bursting, as described and figured by our distinguished countryman, Dr. Hewson, in his treatise, "On Venereal Ophthalmia;" or produced by the opening of an abscess in the substance of the iris, as was pointed out by Mr. Wilde some years ago, in his "Report on the Progress of Ophthalmic Surgery," published in the *Dublin Quarterly Journal* for May, 1848. In one of the cases which he has recorded, the disease arose from injury of the cornea, and "upon the pus clearing off, so as to permit the lower segment of the iris to be examined, it was found to possess the rare appearance of an abscess in the substance of its tissues; an open ulcer, from which the pus discharging was plainly visible upon the iris." In another, that of a man aged thirty-five, when all the inflammatory action had subsided, the peculiar puckered white cicatrix of the iris (shown by a wood cut) was observed. The author adds, "The iris could not possibly have received an injury at the place where the cicatrix is situated." It is also possible that the serous membrane lining the whole of the chambers may, as in empyema, secrete purulent matter; and possibly these are the cases described, although there is no statement as to the source of the pus.

With regard to the treatment of those cases of "suppurative iritis" described by Dr. Hildige, I fully agree with him that "although the most powerful antiphlogistic treatment is [may be] employed, it has not the slightest effect in arresting the secretion of pus;" "that paracentesis of the cornea only seemed to increase the rapidity of the secretion;" and that "in weak, debilitated subjects, who have been already bled, and treated with calomel and nauseants, and whose stomachs have become so irritable that they cannot bear the simplest food, it is evident that *a continuation of the antiphlogistic treatment, as recommended in most of the works of the present day, is altogether out of the question.*" I beg, however, to take exception to the last clause. May I ask, is this a fair statement of the practice of British surgeons? Is it fair to the school of Tyrrell and Dalrymple—is it fair to Professor Jacob, whose practical "Treatise on Inflammations of the Eyeball" surely inculcates no such doctrine? Many of my readers know that such is not the practice at St. Mark's Ophthalmic Hospital; but, on the contrary, the free administration of bark in combination with oxymuriate of mercury or iodide of potassium, with counter-irritation, slight local depletion, either by leeches or cupping, and a generous diet, has been for years the practice of Mr. Wilde, as long since described by him in the *Dublin Quarterly Journal* (see Number for May, 1848); and every student knows that this is the practice of many eminent surgeons in this city, who find these combinations of tonics and specifics better than de-

coction of seneka! as prescribed by the younger Jäger, of Vienna.

As I have already stated, the complication of onyx is extremely rare, and when it does occur, should not, according to Mr. Wilde's opinion, be meddled with, as it is almost always absorbed, provided proper treatment be resorted to.

In the first case related by Dr. Hildige, that of a laborer, aged thirty, with non-specific iritis, the treatment consisted in the instillation of atropine frequently into the eye, leeching, and calomel in two-grain doses, every two hours. Two days after admission, the anterior chamber of this man's eye was found to contain a "small quantity of pus, the situation of which was influenced by the position of the patient; and, as it increased rapidly," an incision was made into the inferior portion of the cornea by Jäger, to give exit to it. To do so, the whole of the aqueous fluid must have been evacuated, and a very large incision made to let out the pus; but we have no account of how it was done, or to what extent, although all English writers express the manifest difficulty of doing so. Even St. Ives proposed to syringe out the anterior chamber, so difficult did he consider the evacuation of the pus in these cases.

In twenty-four hours, the pus having accumulated, the cornea was again opened, and the patient put upon decoction of seneka. During the next few days, paracentesis was several times performed, and emetics administered, with derivatives of various kinds. In this country we have not yet learned the use, or at least the value, of emetics in iritis complicated with onyx, or in purulent deposits in any part of the body. Well, the case went on, notwithstanding the emetics and the tapping; and then we learn that the anterior portion of the cornea, including the membrane of Bowman (the so-called anterior elastic cornea), the internal layers, together with the membrane of Descemet (the membrane of aqueous humour)—or, in simple English, the whole substance of the cornea—was more or less opaque, *particularly near the incision*, which, it is more than probable, produced the entire of the corneal affection. Then we are told that the anterior chamber had nearly disappeared (no wonder, after all the tapping), and that the iris and cornea were adherent in two places; that the pupil was filled with lymph, and vision was extinguished.

Now, this case has been brought forward to prove "that when a depleting treatment has exhausted the patient, without arresting the suppurative process, some other means must be had recourse to." If by a depleting treatment the exhibition of mercury is meant, there is no doubt that where the pus has formed in the anterior chamber of the eye, salivation is worse than useless—it is actually injurious. That this was a case admirably suited for the tonic plan of treatment I have described, I am sure my readers will agree.

The second case was one of acute iritis, called suppurative; but

no account of the disease is given, none of the symptoms detailed, nor the appearances described, particularly as to where the pus came from. The same treatment was pursued as in the former. Paracentesis of the cornea was twice performed, but the pain continuing, the operation of iridectomy, or excision of a portion of the iris, was had recourse to, when the pain ceased, and the purulent secretion did not return. At the end of fifteen days, the patient was discharged, "the eye being almost perfectly normal." Whether the portion of iris was removed through the cornea or sclerotic is not mentioned, neither is the amount of vision stated; therefore this case must be considered in all these respects defective.

The last case is one of "specific suppurative iritis," the description of which is summed up in the following words:—"Symptoms of irido-cyclytis and choroiditis manifested themselves during the relapse of a syphilitic iritis," which, it must be remembered, had previously yielded to "appropriate treatment." "Iridectomy was immediately performed, with the same result as before," I suppose as in the former case.

Now, in the description of a disease new to us in this country, and an operation not only new, but the propriety of which is very doubtful, my readers will, I think, agree with me in believing that something more should have been added than the bald statement which I have quoted, and that the amount of vision, as tested by reading, &c., should have been described.

The operation of iridectomy is now the newest continental fashion in ophthalmic surgery. Professor Græfe, of Berlin, has introduced it for that form of internal ophthalmia called acute glaucoma, but certainly the results of those cases reported in the journals cannot be set down as "cures," and its absolute value in that disease remains to be proved. We lately had a patient in St. Mark's Ophthalmic Hospital laboring under partial amaurosis, from one of whose eyes a large segment of the iris had been removed in England, but, I need scarcely say, without any beneficial result.

Now, we read of the "early performance of iridectomy" in cases of "suppurative iritis." Fortunately, such cases are as yet unknown in this country, and when they do occur, I think our surgeons will give the tonic line of treatment a fair trial before they resort to the measures described by Dr. Hildige.

In order to account for the great danger of this and other forms of internal ophthalmia, Dr. Hildige says: "The spindle-shaped pigment cells of the stroma of the iris lose, in all cases of iritis, but particularly in the suppurative form, their shape and color, and no doubt cause the iris to resist, more or less, the action of its muscles, so that it does not act so rapidly, or to the same extent, as in the healthy eye." This explanation is well worthy the attention of the lecturers on anatomy and pathology in our schools of medicine.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Feb. 28th.—*A Cent arrested in the Œsophagus.* Case reported by Dr. J. Mason Warren.

"A child 2½ years old was brought to me on Feb. 16, 1859, who four days before had swallowed one of the large old-fashioned cents, and had since been in a great deal of suffering, being unable to take any solid food, and in fact almost refusing to swallow anything. I had the child strongly held in a sitting posture, its head carried back by an assistant, and a piece of wood placed between the teeth. The finger of the right hand was now carried down the throat, and an attempt made to discover the situation of the foreign body. The spasm about the throat and glottis was very great, the struggles of the child were violent, and the respiration almost stopped by the exploration. I persevered, however, finally got my finger behind the larynx, and pressing it further on, at length obtained the slightest sensation of what might be a metallic substance, or possibly one of the cartilages of the larynx. After having made this effort once or twice, and the first joint of my fore-finger having been severely bitten, I decided to discontinue any further attempts for that day, but to resume them on the morrow with the assistance of ether.

"On the following day, being provided with sufficient assistance, and the patient being well etherized, while the teeth were separated by a bit of cork, the fore-finger of the left hand was passed down the throat, and after one or two efforts, by pressing the larynx forward, the foreign substance could be just touched by the end of the nail. This effort it was very soon necessary to discontinue, as the patient became quite purple, and the respiration alarming. A long curved polypus forceps, very flat, and smooth, was now selected from a number of instruments, which had been used for removing foreign bodies from the throat. The fore-finger of the left hand was carried down as before, and the larynx being protected so that the instrument should not pass into it, the forceps was introduced laterally, and after one or two attempts the very edge of the coin seized and at once extracted.

Remarks.—"The difficulty in this case arose from the depth at which the foreign body had lodged, making it almost impossible to be seized without injury to the important neighboring parts, during the violent perturbation caused by the introduction of the finger and instrument into the vicinity of the larynx. To a person who is going to attempt this operation, I would advise a shield prepared of gutta percha, fitted over the first joint of the fore-finger, to protect it from the teeth of the patient, as I have often suffered for many days after from contusions received during similar operations, notwithstanding the ordinary gags and other preventions from closing the teeth.

"It is always very important, when a foreign body is lodged in the neighborhood of the larynx, that the fore-finger of the left hand should serve as a guide to the instrument, to prevent it from doing injury to the very important parts in close proximity. Otherwise the epiglottis, the edge of the larynx, or the neighboring soft parts may be seized, and very much injured by the instrument. When the foreign body is

lodged farther down the œsophagus, this is unnecessary, as the probang, or hook instrument of Dupuytren, having once entered the larynx may be manœuvred low down in the œsophagus without much danger. It is, however, proper to say, that foreign bodies very seldom lodge in this location, for if they once become disengaged from behind the box of the larynx they generally pass easily into the stomach, and nothing further is heard from them. Two or three of the first cents of the new coinage which I saw had been swallowed by children and passed through the intestinal canal, and I was very much struck by seeing this accident recorded in the newspapers as having occurred in the practice of physicians throughout the country.

"I have generally observed, that where cents have been swallowed they made their appearance about the third day afterwards. In one case it was retained about three weeks, and then passed without injury to the patient. I mention this fact, as parents are in general exceedingly anxious when a copper coin remains in the intestines of a child."

APRIL 11th.—*"Spina Ventosa" of the head of the Tibia.—Amputation—Recovery.* Case reported by Dr. WARREN.—"The subject of this disease was a tall, handsome looking man, 35 years of age, who about a year previous to the development of the present tumor, viz., in June, 1857, received a blow on the inside of the left knee-joint. Great swelling of the joint took place, extending partly down the leg. This accident confined him about a fortnight to his house, when the swelling gradually subsided, apparently leaving the joint in a healthy state. A tender spot, however, was left in the periosteum of the upper part of the tibia, which occasionally recalled to him the injury he had received. About a couple of months before I saw him he slipped in the street, and in making an effort to recover himself, received a strain which he referred to the tender spot near the head of the tibia. From this time the swelling gradually re-appeared at that spot, and finally so much embarrassed the motions of the joint, and produced so much pain and lameness, as to lead him to demand surgical advice.

"When I first saw him, a smooth round tumor, about the size of the doubled fist, occupied the head of the tibia. It seemed bony, elastic, and was evidently formed by some development on the inside, which was gradually stretching out and expanding the bone into a thin shell on its surface. The tumor yielded to pressure, and gave the impression that with slight force the fingers could easily break down the bone. I at once informed the patient that the bone was disorganized, that no treatment could restore it to a natural state, and that nothing was left but the removal of the limb. In order, however, to have him feel more fully satisfied in his own mind that everything had been done to save his limb, the necessity for the loss of which had taken him so completely by surprise, I assured him that after he had been placed under the influence of ether for the performance of the operation, an incision would be made into the tumor, and the diagnosis verified before proceeding to amputation.

"Having taken the matter into consideration for twenty-four hours, he decided to be governed by my advice. Drs. Lewis and Gay saw the patient in consultation with me a few days after, and coinciding with me in opinion the operation was at once proceeded with.

"The tumor being cut into, opposite the tubercle of the head of the tibia, there immediately issued a quantity of soft, brain-like matter, fol-

lowed by clots of blood. A finger thrust into the interior disclosed a smooth surface of expanded bone, with an investing membrane. Being turned upward, the finger seemed at first to enter the cavity of the joint, but this was deceptive, as it was only the head of the bone expanded in that direction into a most delicate shell. When the finger was removed, the blood at once poured out with such violence, and in so large a stream, that it was necessary to plug the aperture with a sponge to prevent the further effusion of blood, and it was very difficult to decide at that time, and at a future examination of the specimen, from what source such a rapid loss of blood could have taken place. The operation was now proceeded with, without further loss of time, and amputation performed above the knee-joint by the circular operation.

"The vessel being secured, and the stump quite dry, three sutures were introduced, but the dressing was not proceeded with till an hour afterwards, when the wound was approximated, and a compressing bandage applied from the groin to the wound, for the purpose of making slight compression, supporting the muscles, and maintaining the dressings in place. In hospital practice I have occasionally been in the habit of leaving the stump open for five or six hours, and then allowing the house-surgeon to finish the dressing after having secured any small vessels, which the reaction of the circulating system might have brought to light. In private practice, however, where a surgeon may not be immediately on the spot, I have not felt safe in doing this, but have generally proceeded as above. My object in this statement will be observed hereafter.

"The patient, having recovered fully from the effects of the ether in the course of the afternoon, passed a good night, and early the next morning was very comfortable and in a most satisfactory condition. About nine o'clock his wife, whom he had not seen since the operation, came into the room, which gave him a slight start, causing some nervous agitation. This, or some unknown cause, produced the following effect. Almost at once he began to feel a slight degree of uneasiness in the stump, followed by tension, and the dressings became covered with fresh blood. Coming in shortly afterwards, and finding the trouble was increasing, I saw at once that nothing was to be done but expose the stump, and attempt to tie up the bleeding vessels. This I proceeded to do, assisted by Dr. B. Brown, who fortunately happened to be with me at the time. A good-sized vessel was immediately perceived running in the periosteum of the femur, and was secured without difficulty. An attempt was now made to remove the coagula, in order to again approximate the wound, but a bleeding commenced directly from vessels spurting out in every direction. From one to two hours were consumed, and at least a quart of ether used to quiet the patient while all these vessels were being secured. The bleeding being arrested, the stump was again dressed and no further difficulty on that score was encountered during the remainder of the treatment: the patient, however, continued very nervous, and was always greatly agitated on the slightest appearance of blood.

"After the stump had healed, an abscess formed and gave him some solicitude, which was, however, relieved by the appearance of a ligature which had been buried in the wound, notwithstanding the great care taken to avoid this occurrence.

"The tumor presented a beautiful specimen of that cystic affection

of the bone called Spina Ventosa, and examined under the microscope by Dr. Ellis, its contents, besides blood, consisted principally of that tissue called *myeloid*."

March 14. *Paralysis of the Rectum from over-distension.* Case reported by Dr. Parks.

The patient was a boy about seven years of age. He was afflicted with a constant oozing, from the anus, of fæcal matter, of a pasty consistence, requiring him to wear a napkin to receive the discharge. He had no voluntary dejections.

He had been afflicted in this way for a considerable length of time—some weeks—and his mother came to the city from her residence in the country, for advice. She told Dr. P. "paralysis of the rectum" had been diagnosticated. The case was the first one of the kind he had seen. He recommended copious enemata of soap-suds with turpentine, to be given three times a day; each enema to be followed, as soon as it should come away, by a small one of decoction of oak bark. Speedy improvement took place, and, in two or three weeks, the child's bowels were, in all respects, in a normal condition, the treatment having been discontinued for a number of days.

Dr. Cabot, who had seen such cases, expressed the opinion that this was an instance of paralysis from over-distension.

Dr. P. fully concurred in this view.

April 25th.—*Discharge of Lymph from the Intestines.* Specimen shown, and case reported by Dr. Robert Ware.

J. H., aged 35 years. Irish laborer, of intemperate habits, was visited Dec. 7, 1858. Stated that he had jaundice 11 years ago, and was sick about 8 months. Ever since then he had had some uneasiness about the epigastric region, but considered himself pretty well, and was able to do a good day's work. In September last, he fell from a derrick, and struck upon the combing of a hatchway, the force of the blow coming upon the upper part of the abdomen. He dated his illness from that time; he had been losing flesh, and was subject to attacks of vomiting and constipation with swelling of the abdomen, but had continued to do light work. At the visit, he was suffering from severe abdominal pain with vomiting of greenish mucus, and had had no dejection for 2 days; the abdomen was distended, and the convolutions of the intestines well defined; the pain was paroxysmal, and not increased by pressure; the pulse 80. After a full opiate and a dose of oil, he had an evacuation from the bowels, the swelling became less, and he was quite easy. There was a small protrusion at the umbilicus, and some doubtful enlargement of the liver, though this latter point was never satisfactorily determined. He had a similar attack on the 27th of December. On the 17th of January (1859), he was taken with the same symptoms: he was relieved of pain by the opiate, but got no fœcal discharge from the oil; an enema brought away a considerable amount of semi-transparent mucus, but from this time to the 19th of March, about 8 weeks, he had no fœcal discharge, except on two or three occasions, when a few pieces about the size of beans were passed. Every day after an enema, a considerable amount of jelly-like mucus, sometimes as much as a teacup-ful, came from the bowels. Early in February, shreds looking like lymph were mixed with this mucus; these increased, till nearly the whole discharge consisted of membrane like that exhibited. At times the pieces were upward of 18 inches in length, and on one occasion a distinct tube, about the

calibre of a rectal bougie, was passed; sometimes, instead of being flat, it was rolled into the form of a cord; it was often streaked with blood; it was very friable, and, under the microscope, had the appearance rather of commencing fibrous structure, than of fully formed lymph.

The patient continued pretty easy, except when the attacks of paroxysmal pain came on, and of these he usually got relief by opium and carminatives. Three attempts to move the bowels by cathartics were made, twice by Dr. W. and once by the advice of his friends, but were followed each time by increase of pain and distension, and by urgent vomiting. Dr. John Ware saw him, as also Dr. Sinclair and Dr. Hodges. At the suggestion of the latter, he took chlorate of potash, but without any appreciable effect. A distinct tumor, running from the right iliac region rather beyond the median line, became apparent about the middle of March, and was supposed to be due to fæcal accumulation.

March 19th, after an enema, he passed several lumps of fæces about the size of walnuts, and from that time there was almost daily evacuation of fæcal matter, never in very large quantity and not excessively hard. He failed constantly, became extremely emaciated and sallow, though the appetite continued good, and the pulse was not increased in frequency, and died April 2d. No examination was allowed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THE QUARANTINE CONVENTION.

We have received a copy of the "Report of the Committee on the Internal Hygiene of Cities," presented to the Quarantine Convention at its late meeting in New York. It consists of 190 closely printed octavo pages, and is divided into the subjects of Disinfectants, Sewerage, the Importance and Economy of Sanitary Measures to Cities, and a draft of a Sanitary Code for Cities. Unfortunately, the important subject of the registration of births, marriages and deaths is not contained in the report, as we had hoped it would be, the pressing engagements of Dr. Snow, of Providence, who was to have prepared that portion, having prevented him from doing so. We hope the omission will be made good next year. The subject of vaccination and revaccination, with a view to the enactment of laws for the enforcement of this preventive of variola, was also to have made part of this report, but nothing has been heard of Dr. Arnold, to whom it was referred. Public attention, however, is more awake to the importance of the latter than of the former. It is remarkable that there should have been but these two deficiencies in a report embracing so many details.

The Report upon Disinfectants, by Dr. W. C. Van Bibber, occupies thirty-seven pages. It is based upon a letter from Dr. Cambell Morfit, an article by Dr. Sheridan Muspratt, on "Disinfectants," and a very elaborate article on the comparative value of certain methods of

disinfection, by MM. Tardieu and Cazalis. The latter paper has already been made the subject of comment in this JOURNAL (see Vol. LVIII., No. 22). The subject is one which is, as yet, but imperfectly understood, and hence the results arrived at by Dr. Van Bibber are vague, the chief conclusions being that there is no proof that deodorizing agents are likewise disinfectants proper; that the prevention of crowding, ventilation and cleanliness combined are as certain a preventive (disinfectant) of typhus fever, and perhaps of cholera, as vaccination is of smallpox; and that there is no known disinfectant for yellow fever. We do not see why ventilation, purification and separation are not as good preventives, and, consequently, as good disinfectants, for yellow fever as for typhus, if the two terms are to be considered synonymous. The fact is, however, they are not equivalent; the one *prevents* disease, the other ought to have the effect of destroying the materies morbi itself. Hence we are forced to the conclusion that no disinfecting agent, proper, has hitherto been discovered for any disease.

The Report upon Sewerage, by Dr. Griscom, President of the Convention, is a short but convincing argument upon the necessity for complete drainage to the health, prosperity and very existence of a crowded metropolis.

Dr. Bell's Report on the Importance and Economy of Sanitary Measures to Cities, is the longest in the volume. It is a most elaborate paper, comprising the subjects of sewerage, ventilation, light, water, intemperance, preventable diseases, sanitary improvements, pulmonary and cutaneous purification, public wash-houses, and interments. The most efficient remedies for the evils of sanitary neglect are pointed out, and the consequences of the unfavorable sanitary conditions which prevail in crowded communities are forcibly enunciated. We commend this paper to the serious consideration of our readers.

The most valuable paper in the Report is the Draft of a Sanitary Code for Cities, by Dr. H. G. Clark, of Boston. This consists of drafts of an Act for promoting Public Health, and of an ordinance for promoting the health of towns. The first relates to the appointment of a Board of Health, clothed with the proper authority for carrying out all measures required by the public health; the second contains the details, for the use of cities and towns, for organizing a sanitary police. The fidelity with which Dr. Clark has executed his task can only be appreciated by an examination of the Code. It will not be found wanting in the minutest detail, and the Convention showed their appreciation of it by adopting it unanimously, with only a few trivial alterations, and by unanimously passing the following resolution, offered by Dr. Griscom, of New York:

Resolved, That the thanks of this Convention are especially due, and are hereby tendered to Dr. Henry G. Clark, of Boston, for the able report, prepared by him, of a Code of State and Municipal Sanitary Law, believing that the same, if generally adopted in the United States, would tend greatly to the improvement and preservation of the health of the people.

It is hardly possible to give an abstract of Dr. Clark's Code. We will only say that the legislature is to establish a general Board of Health for the State, while the cities and towns are empowered to appoint local Boards, who are to have the immediate control of all matters relating to sanitary police, including a sanitary survey, sewerage, cleansing, slaughter houses, markets, dram shops, lodging houses,

cellars, new streets and houses, water, ventilation, pleasure grounds, epidemic and contagious diseases, vaccination, interments, and other matters. The Code will doubtless be adopted in all our States which have not already made provision by law for sanitary police.

On the whole, we think a Convention has rarely met which has accomplished so much good as this one. Within the short space of four days they have determined some most important questions, recommended many wise reforms, and especially urged emphatically the vast importance of the subject of public hygiene, its power of preventing an incredible amount of disease, and of prolonging the lives and promoting the happiness and welfare of the people.

There is still much work to be done by the Convention. Next year will come up the subjects of food, street cleaning, drugs and poisons, architecture with reference to hygiene, and other topics.

We hope the report of Dr. Snow on Registration will be read at the next meeting. He is well qualified to show its importance, and to suggest the best means for carrying it into successful operation.

A VENEREAL HOSPITAL IN NEW YORK.

An appeal to the public has lately been made in New York, in favor of the establishment of a hospital for the treatment of venereal diseases. We have seen a well written pamphlet, which has been circulated in that city, containing a report by Dr. J. F. Bumstead, in which the necessity for such an establishment is set forth in forcible and convincing language. There has always been a disposition on the part of society to ignore these diseases, and the great evil, prostitution, from whence they spring. To attempt to relieve the victims of error, is supposed to countenance sin. The fact is, however, that prostitution is coeval with the human race, and syphilis has existed for centuries, and there is no prospect that either will ever cease. To deny medical treatment to syphilitic patients on the ground that they are justly punished, and that such aid would only encourage the evil, would be as absurd, as Dr. Bumstead remarks, as to refuse assistance to the drunkard, or medical aid to a wounded burglar. But there are other grounds for the establishment of venereal hospitals. The number of paupers, now supported by society, who are incapacitated for work, for want of proper treatment for syphilitic complaints, would be materially lessened, and a very large class of patients, whose complaints are aggravated, sometimes hopelessly so, by ignorant quacks, who profit by the fastidiousness of the community on this subject, would be speedily and radically cured. The large amount of business transacted by these pretenders may be estimated by the enormous sums they expend in loading the columns of our newspapers with their filthy advertisements.

While we hope that this effort for the establishment of a venereal hospital in New York will be successful, we would suggest that there is great need of a similar institution here. Its beneficial effects would be felt far beyond the circle of the immediate subjects of venereal maladies, and would extend to thousands yet unborn.

KNOW-NOTHINGISM IN MEDICINE.

A pamphlet has been sent to us, purporting to be a "Report of the Committee of the Medical Society of the City and County of New York, appointed to investigate the subject of a Secret Medical Asso-

ciation." The report maintains that a secret society (called the *Kappa Lambda*) exists in New York, consisting of more than twenty-five members of the medical faculty, among whom we recognize several of the most eminent physicians of that city; and while its avowed objects are the promotion of good fellowship and the advancement of medical science, its real purpose is to share the honors of the profession among its members. It appears that all the information concerning the association possessed by the committee, has been obtained from individuals professing to belong to it, who have betrayed their trust by divulging its secrets. On coming to the end of the Report, we were surprised to find that it was almost unanimously approved by the Society, consisting of 290 physicians. If we were to judge from the tone and the general appearance of the pamphlet, the style of printing, and the glaring faults of grammar with which it abounds, we should judge it to be a fraud.

THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.

Messrs. Editors,—A great misapprehension appearing to prevail on the part of many members of the Massachusetts Medical Benevolent Society, as to times and dates, and periods for which an annual assessment is available, I beg to make the following explanation;—1858 is not 1859; still less, if possible, is 1857, 1859; also, as may be deduced from this, 1857 is not 1858: ergo (these propositions being allowed), an assessment for 1858 does not serve for 1859; still less, does one for 1857 serve for 1859; and less still yet, if possible, does this latter serve for both 1858 and 1859, as some have supposed. In conclusion, I would ask those gentlemen who have been called on, but who, under this misapprehension, thought they had paid their assessments, to send me the amount, at as early a period as possible, that it may be properly invested, and yield a return to the Society.

Respectfully, Wm. Ed. Coale, *Treasurer.*

Suffolk District Medical Society.—At the Annual Meeting of the Suffolk District Medical Society, held April 6th, the following officers were elected:—*President*, A. A. Gould; *Vice President*, C. G. Putnam; *Secretary*, C. D. Homans; *Treasurer*, Francis Minot; *Librarian*, R. M. Hodges; *Supervisors*, M. S. Perry, A. B. Hall; *Commissioner on Trials*, Silas Durkee. *Councillors*, J. Bigelow, G. Hayward, J. Ware, J. Homans, J. Jeffries, W. Lewis, D. H. Storer, J. Flint, C. G. Putnam, H. Dyer, A. A. Watson, A. A. Gould, E. Palmer, Jr., G. Bartlett, M. S. Perry, J. B. S. Jackson, C. H. Stedman, N. B. Shurtleff, C. Gordon, J. B. Forsyth (Chelsea), H. G. Clark, H. I Bowditch, J. M. Warren, G. C. Shattuck, C. E. Ware, P. M. Crane, W. J. Dale, J. Ayer, S. Durkee, W. E. Coale, S. Cabot, H. J. Bigelow, J. B. Alley. *Censors*, W. W. Morland, C. E. Ware, W. E. Coale, F. Minot, H. W. Williams.

Hampden District Medical Society.—The Nineteenth Annual Meeting of this Society was held at Springfield, on Tuesday, May 3d. Dr. Vaille reported a series of cases of *Puerperal Convulsions*, treated by free depletion followed by the administration of opium. After an extended discussion on this subject, Dr. Ufford announced the death of Dr. Gideon Kibbe, of Wilbraham, who died March 7th, at the age of 80 years. He was a "retired member" of the Society, but was ac-

tively engaged in practice until his last sickness. The following resolution was placed on the Records:

Resolved, That the members of this Society offer their sympathies to the family of the late Dr. Gideon Kibbe, and desire to express their sincere respect for his memory, a respect earned by an unblemished professional career of more than half a century.

The following officers were elected for the ensuing year: *President*, Dr. Alfred Lambert, of Springfield; *Vice President*, Dr. P. L. Stickney; *Secretary*, Dr. Otis; *Councillors*, Drs. Chapman, Downes, Pierce, Ufford.

Meeting of the Massachusetts Medical Society.—The Annual Meeting of the State Society will be held in this city, at the Lowell Institute, next Wednesday. We hope there will be a large attendance, as business of importance will come before the meeting. The question of admission to the Society will be discussed, and its conditions determined, at this meeting. It is known to most of the Fellows that the charter has been amended, by the Legislature, in such a way that graduates of the Harvard and Berkshire Schools are no longer entitled to membership on signing the By-laws. The amendment reads as follows: "No person shall hereafter become a member of the Massachusetts Medical Society except upon examination by the Censors of said Society, and any person of good moral character, found to possess the qualifications prescribed by the Rules and Regulations of said Society, shall be admitted a Fellow of said Society." The first By-law will accordingly have to be altered, to conform to this amendment.

A further alteration of the same By-law will be required, if the Society should vote to accept the Report to the Councillors, requiring three years' probation before a candidate can be admitted to full membership. We cannot see the necessity for this provision, and hope the Councillors will weigh well so important a step before voting upon it. Its object is doubtless to enable the Society to ascertain the character of candidates, so that, if found guilty of practising irregularly, they may be excluded. We doubt whether the plan would work well. A man may easily disguise his character, and at the end of the three years, after being admitted in full, may throw off his cloak, and come out a botanic physician, or a natural bone-setter. The law would have the effect of excluding many valuable men, who would refuse to apply for membership if they were to be held so long in a state of probation, without the privilege of voting or of being eligible to office. The candidates are to be examined by the Censors, and if declared by them to be fit, they ought to be at once admitted to full standing. If the admission by the Censors is to be reconsidered by the Society, it will tend to absolve them from responsibility, and render them lax in the discharge of their duties.

There is every prospect of an agreeable meeting, and of a cordial and social re-union at the dinner afterward. May the hall be well filled, and kindly feelings prevail, as is our wont, on this interesting occasion.

An Intoxicated Surgeon.—A surgeon, who had previously borne a good character, was recently tried at the Durham Spring Assizes, in England, for causing the death of a woman in labor, whom he endea-

vored to deliver by performing the operation of craniotomy on the child. The woman died from hæmorrhage, apparently caused by a perforation of the walls of the uterus by the crotchet, and the circumstances of the case seemed to show that the surgeon was intoxicated at the time. He was convicted, and sentenced to *one year's imprisonment!*

Erysipelatous Sore Throat, or Diphtheria.—A correspondent in the *Lancet* recommends the following as more efficacious in the treatment of this disease than iodine. It is taken from the *Omodei Annali*:

"Very finely powdered sulphate of iron, four parts by weight, and pure glycerine, thirty parts by measure. In summer, the solution may be effected at the ordinary temperature; but in the winter, warmth is required. The mixture should be applied externally and internally to the throat, upon a small sponge fixed to a probe, and, when dry, it may be cleaned off with a little tepid water." He also recommends the following tonic: purified sulphate of iron, twelve grains; dilute sulphuric acid, one fluid drachm; compound tincture of cardamoms, half an ounce; infusion of camomile, five ounces and a half. Mix. Dose, two tablespoonfuls three times a day, for adults.

Dr. Harvey Bond, a physician of over forty years practice in Philadelphia, and widely known as one of the most successful American prosecutors of genealogical history, died at his residence on the 4th inst. Dr. Bond was the author of a history of Watertown, and was a member of all the Historical Societies of this country. He was a native of Watertown, Mass., and a graduate of Dartmouth College, New Hampshire.

The summer season is just beginning at Paris, and we notice that no less than four professors are this year authorized to put substitutes in their respective chairs. The favor has probably been granted on the plea of age and ill health. Professorships are not liable to the same limitation of age as posts in hospitals; the latter, as is well known, must be given up at 60. The professors alluded to are—Moreau (Midwifery), Dumeril (Medicine), Adelon (Forensic Medicine), Rostan (Clinical Medicine at Hotel Dieu). The substitutes are Pajot, Becquerel, Tardieu, Noël Gueneau de Mussy.—*Lancet.*

Two mesmeric professors at Turin, who advertised to cure all diseases by mesmerism, have been tried, convicted and imprisoned. One of them endeavored, in court, to mesmerize his own counsel, but failed, amidst the laughter of the audience.—*Med. and Surg. Reporter.*

Health of the City—The mortality for the week ending May 7th was unusually large, there having been 27 more deaths than during the preceding one. The increase was partly caused by the great mortality from pneumonia. The weather during the whole of that week was extremely warm, but it is evident that most of the fatal cases must have commenced at an earlier date. During the past week the mortality fell to its former rate, and there were only 3 deaths from pneumonia. There were 4 deaths from scarlet fever, and 3 from croup. One female of 93 died of old age. There were 17 deaths of subjects under 5 years of age, and 28 of those between the ages of 20 and 60. The number of deaths for the corresponding week of 1858 was 68, of which 17 were from consumption, 2 from pneumonia, 3 from croup, and none from scarlatina.

Communications Received.—A few Words about "Tonics"—their use in Fevers, &c.—Amputation at the Hip-joint for a large Osteo-sarcomatous Tumor of the Femur.

Books and Pamphlets Received.—Five Essays, by John Kearsley Mitchell, M.D., &c. Edited by S. Weir Mitchell, M.D. (From the Publishers.)

Deaths in Boston for the week ending Saturday noon, May 14th, 61. Males, 31—Females, 30.—Accident, 3—apoplexy, 1—inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 1—cancer of the breast, 1—consumption, 15—croup, 3—colic, 1—dropsy, 4—dropsy in the head, 1—drowned, 2—debility, 1—infantile diseases, 3—erysipelas, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 1—neuralgia, 1—old age, 1—palsy, 1—pleurisy, 2—suicide, 1—unknown, 2—whooping cough, 1.

Under 5 years, 17—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 14—above 60 years, 10. Born in the United States, 38—Ireland, 18—other places, 5.